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**CONFIRMATION NO. 8949**

<b>SERIAL NUMBER</b> 09/988,740	<b>FILING DATE</b> 11/20/2001  <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673 2674	<b>ATTORNEY DOCKET NO.</b> 04770.00028	
<b>APPLICANTS</b> Pekka Juhana Pihlaja, Helsinki, FINLAND;					
<b>** CONTINUING DATA *****</b> <div style="text-align: center; font-size: 1.2em;">No / HT</div>					
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; font-size: 1.2em;">No / HT</div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/03/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 6
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature <i>HT</i></div> <div>Initials</div> </div>					
<b>ADDRESS</b> 22907					
<b>TITLE</b> Form factor for portable device					
<b>FILING FEE RECEIVED</b> 1640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>			